

APPLICANT NAME	TELEPHONE NUMBER	LICENSE NUMBER
HOME ADDRESS		
NURSING HOME AFFILIATION		
NAME OF FACILITY		TELEPHONE NUMBER
ADDRESS		
CURRENT POSITION/TITLE	DATE EMPLOYMENT BEGAN	

SIGNATURE

Attach evidence (certificates of attendance or original grade report) of all board approved continuing education offerings (workshops, seminars, correspondence courses, college courses, etc.) from July 1, 2004 - May 30, 2005 **THAT ARE NOT LISTED ON THE ATTACHED PRINT-OUT.**

OFFERING TITLE	BOARD APPROVAL NUMBER	SPONSOR	DATE(S)	CLOCK HOURS
			TOTAL	

A MAXIMUM of five (5) clock hours toward the twenty (20) required may be obtained as outlined in 9 CSR 73-2.050(2)(B).


1. Publishing health-care related articles of at least fifteen hundred (1500) words shall be granted.
 - A. Five (5) clock hours if article appears in a national health-care referred publication;
 - B. Four (4) clock hours if article appears in a regional health-care referred publication;
 - C. Three (3) clock hours if article appears in a state health-care referred publication;
 - D. Two (2) clock hours if article appears in a national health-care publication; and
 - E. One (1) clock hour if article is published.

NAME OF ARTICLE	NAME OF JOURNAL	DATE PUBLISHED	NO. CLOCK HRS. REQUESTED
		TOTAL	

2. Serving as a preceptor for a nursing home administrator-in-training. **ONE (1) CLOCK HOUR PER FULL MONTH AS A PRECEPTOR SHALL BE GRANTED.**


NAME OF ADMINISTRATOR-IN-TRAINING	DATE OF INTERNSHIP	NUMBER OF CLOCK HOURS REQUESTED
	TOTAL	

3. An administrator lecturing at a board-approved seminar may receive credit equal to each hour or quarter of hour of presentation time to a maximum of three (3) hours credit earned per licensure year. This credit may be in addition to actual hours of attendance at the seminar, but credit shall be granted for only one (1) presentation of the same seminar. (Attach a copy of the agenda describing the program.)

PRESENTATION TITLE	BOARD APPROVAL NUMBER	SPONSOR	DATE(S)	CLOCK HOURS
			TOTAL	

IF YOU HAVE NOT OBTAINED A MINIMUM OF 20 clock hours by May 30, please complete the following:

I plan to attend or complete the following seminars or courses by June 30, 2005. I understand that if the hours below are required to complete the minimum of 20 clock hours, the application is incomplete until I forward evidence of attendance or completion of the courses or seminars. **This documentation must be postmarked by June 30, 2005, to avoid the penalty fee for late renewal.**

OFFERING TITLE	BOARD APPROVAL NUMBER	SPONSOR	DATE(S)	CLOCK HOURS
			TOTAL	

1. Have you ever been charged with, arrested for, or convicted of an offense involving the operation of a nursing home or other health care facility? ☐ Yes ☐ No If yes, attach explanation.
2. Have you ever been charged with, arrested for, or convicted of a crime, an essential element of which is dishonesty, fraud or moral turpitude? ☐ Yes ☐ No If yes, attach explanation.

I, _____, swear
that all of the information I have provided above is true to the best of my knowledge and belief and that all supporting documents are attached.

**MUST BE SIGNED
IN PRESENCE OF NOTARY**

SIGNATURE



NOTARY PUBLIC EMBOSSE OR
BLACK INK RUBBER STAMP SEAL

STATE OF

COUNTY

SUBSCRIBED AND SWORN BEFORE ME, THIS

DAY OF

YEAR

USE RUBBER STAMP IN CLEAR AREA BELOW.

NOTARY PUBLIC SIGNATURE

MY COMMISSION
EXPIRES

NOTARY PUBLIC NAME (TYPED OR PRINTED)

Please attach renewal fee of \$50.00 payable to Department of Health and Senior Services and return to:

Missouri Board of Nursing Home Administrators
P. O. Box 570, Fee Receipts
Jefferson City, Missouri 65102

NOTE: IF RETURNING AFTER JUNE 30TH, PLEASE ATTACH THE \$25.00 PENALTY FEE